

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000049040

Entity Name: DORAL HEALTHCARE, L.L.C.

Current Principal Place of Business:

9851 NW 58TH STREET SUITE 109
DORAL, FL 33178-2717

Current Mailing Address:

9851 NW 58TH STREET SUITE 109
DORAL, FL 33178-2717

FEI Number: 32-0349690

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, WILFREDO MD
9851 NW 58TH STREET SUITE 109
DORAL, FL 33178-2717 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEM
Name PRIMEHEALTH PHYSICIANS, LLC
Address 149680 SW 8TH STREET SUITE 211
City-State-Zip: MIAMI FL 33184-3138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILFREDO GONZALEZ

REGISTERED AGENT

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date